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APPLICANTS

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** CONTINUING DATA ***** *PS*

This appln claims benefit of 60/454,527 03/14/2003

** FOREIGN APPLICATIONS ***** *Name*

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** 05/26/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IRELAND	SHEETS DRAWING 0	TOTAL CLAIMS 77	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>PS</i> Initials				

ADDRESS

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TITLE

Treatment of intestinal conditions with N-2,3,3-tetramethylbicyclo[2.2.1]heptan-2-amine

FILING FEE RECEIVED 1926	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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